

Exhibit F

Schoolcraft Memorial Hospital
7870W US Hwy 2
Manistique, MI 49854-
(906) 341-3200

Patient: THOMPSON, DERICO Admit Date: 8/3/2020
MRN: 60866 Discharge Date: 8/3/2020
Encounter: 723046 Attending: VERMEULEN, RICHARD MD
DOB: [REDACTED] Age: 45 years Receiving: DEMERS, LISA
Birth Sex: Current Sex: Male
Location: SCHL Specialty Clinic; Room 28

Office Clinic Notes

Document Type: Office Clinic Note Physician
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Sign Information: VERMEULEN, RICHARD MD (8/3/2020 10:46 EDT)

THOMPSON, DERICO

DOB: [REDACTED]
Age: 45 years
Sex: Male
MRN: 60866
Registration Date: 08/03/2020

Chief Complaint

bil lower lag pain

History of Present Illness

I had the pleasure of evaluating Derrico Thompson date of birth [REDACTED]
[REDACTED] today subsequent to Practitioner Wendy Jamros lower limb
electrodiagnostic referral

Patient history. Mr. Thompson was row lifting this past September 2019 when he developed low back pain that is gradually he indicated a worse. He has bilateral lower lumbar pain medic that is accompanied temporally with painful numbness in the lateral thighs into the posterior and lateral bilateral legs and into the feet. Hard to define where in the feet and which toes have numbness but they intermittently have numbness when this problem is most painful in the low back and left lateral thigh. More pain and numbness on the left side than the right.

Review of Systems

Denies fever denies chills. Mr. Thompson indicated when he has a lot of his described pain is harder to manage his bowels and bladder though is not describing any consistent incontinence.

I reviewed the forwarded to records documented by Practitioner Jamros.

Physical Exam

Vitals & Measurements

HR: 58(Apical) RR: 18 BP: 122/68 SpO2: 99%
HT: 185 cm WT: 74.84 kg BMI: 21.87

Physical exam. Lumbar extension can increase low back pain at active endrange. Manual muscle testing revealed bilateral isometric left > right 4/5 great toe extension weakness and unilateral left 4/5 hip abduction isometric weakness with normal isometric medical research Council graded 5/5 right hip abduction and bilateral 5/5 hip

Problem List/Past Medical History

Ongoing

Lumbosacral radiculopathy at L5

Historical

No qualifying data

Medications

naproxen 500 mg oral delayed release tablet,
500 mg= 1 tab, Oral, BID

Allergies

No Known Allergies

Social History

Alcohol

Past

Electronic Cigarette/Vaping

Electronic Cigarette Use: Never.

Substance Use

Past, Marijuana

Tobacco

Former smoker, quit more than 30 days ago

Tobacco Use: quit 10 years ago per day.

Family History

Family history is unknown

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extension, hip flexion, hip adduction, knee extension, ankle dorsiflexion, ankle plantarflexion and great toe flexion. Preserved knee and ankle lower limbs symmetrical muscle stretch responses. Plantar responses downgoing.

Electrodiagnostic discussion and informed consent. Subsequent to discussing electromyographic monopolar needle recorded infection and muscle bleeding other EMG risks I obtained informed consent including the Schoolcraft Memorial Hospital routine informed consent form that both I and Mr. Thompson and today signed prior to my bilateral lumbosacral paraspinal and bilateral lower limb electromyographic testing. The findings are noted in the electrodiagnostic data sheet that accompanies today's documentation.

Electrodiagnostic summary.

1.) Today's left lumbar paraspinal, gluteus medius, anterior tibialis and extensor hallucis longus electromyographic active denervation in more chronic reinnervation signs in the absence of any high-grade axonal loss findings are collectively consistent with a left L5 lumbar radiculopathy.

2.) Today's right lumbar paraspinal and right lower limb electromyographic findings are within normal limits.

Assessment/Plan

1. Lumbosacral radiculopathy at L5 M54.17

1.. Today's low back pain with left hip abduction/great toe extension L5 myotomal weakness, lower limb to the leg lumbar referred numbness and pain in today's reference electrodiagnostic abnormalities are consistent with and believe document presence of left L5 lumbar radiculopathy.

2. The lesser right low back pain with temporally associated right thigh and leg referred painful numbness in right great toe extension weakness is consistent with a lesser degree of right L5 lumbar radiculopathy which would account for the normality of today's right lower limb electromyographic findings.

Having reviewed the forwarded records this would be consistent with the L4-L5 described disc bulge mediated bilateral L5 lumbar radiculopathy based on the records forwarded and reviewed.

Follow Up Instructions

No qualifying data available

Electronically Signed on 08/03/20 10:46 AM

VERMEULEN, RICHARD MD